

CITY OF SAN MARCOS
DEPARTMENT OF PUBLIC WORKS
630 E. Hopkins San Marcos, TX 78666
(512) 393-8036 Fax (512) 754-7985

Commercial Solid Waste Services
Hauler Permit Application

1. Date: _____
2. Applicant Name: _____
3. Applicant Business Name: _____
4. Business Physical Address: _____

5. Business Mailing Address: _____

6. Business Telephone : _____
7. Business Fax: _____
8. E-mail Address: _____
9. Location where vehicles will be parked or stored when not in use? _____
10. Provide description of the types of solid waste the applicant intends to collect and transport:

11. Location(s) at which the applicant intends to dispose of the solid waste collected including name, address, and phone number of operator of each location:

12. Summary of Class (Vehicle gross wt.); Size (Cubic yard capacity); and Type vehicle (Front-loader, compactor, etc.) of each vehicle operated in the City. (attach additional sheet if necessary)
- | <u>VehicleType</u> | <u>Class (vehicle gross wt)</u> | <u>Size (capacity cu. Yd)</u> |
|--------------------|---------------------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Total _____ | | |
13. A copy of an insurance certificate verifying the applicant has met the required liability insurance must be attached to this application.
14. A copy of the applicant’s sales tax permit issued by the State Comptroller of Public Accounts must be attached to this application.
15. Please return this application by mail to: Director of Public Works, 630 E. Hopkins, San Marcos, Texas 78666.

I, _____(owner) DO HEREBY ATTEST
THAT ANY SOLID WASTE COLLECTED OR TRANSPORTED WITHIN THE CITY
WILL BE DISPOSED OF AT A FACILITY THAT IS AUTHORIZED BY THE TCEQ
TO ACCEPT THE TYPE OF SOLID WASTE THAT _____
_____(company name)HAS COLLECTED OR
TRANSPORTED AND DUTIFULLY UNDERSTAND AND AGREE TO ABIDE BY
THE PROVISSIONS OF THIS ARTICLE.

Owner Signature

COUNTY OF _____

Date

THAT my name is _____, and that I have applied to the City of San Marcos Public Works Department for a commercial solid waste collection permit, and that the information provided by me in this application is true and correct.

AFFIANT

THE STATE OF TEXAS

COUNTY OF _____

BEFORE ME, the undersigned authority, a Notary Public in and for Hays County, Texas, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____, A.D. 2_____

Notary Public in and for _____

County, Texas

=====

CITY USE ONLY:

The required Public Liability Insurance Policy is on file in the office of the Director of Public Works.

City Staff

Date

This application is approved and the commercial solid waste collection permits are hereby issued for a period of one year to expire on _____ of each year, unless sooner revoked and rescinded.

Department of Public Works Official

Date

Date Received: _____

Permit Number: _____

Application complete: _____ Yes _____ No

Approved: _____ Yes _____ No

Notification Letter Date: _____

Reviewed by: _____

2nd-submission of Application

Date Received: _____

Application complete: _____ Yes _____ No

Approved: _____ Yes _____ No

Notification Letter Date: _____